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CONFIRMATION NO. 1647

<b>SERIAL NUMBER</b> 09/250,056	<b>FILING OR 371(c) DATE</b> 02/12/1998 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 407J-865030US
<b>APPLICANTS</b> JAMES D. MARKS, KENSINGTON, CA MARIE ALIX POUL, SAN FRANCISCO, CA				
<b>** CONTINUING DATA *****</b> This appn claims benefit of 60/052,953 04/24/1998 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/04/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Mar. after Allowed <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 59
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 02798				
<b>TITLE</b> INTERNALIZING ERB2 ANTIBODIES				
<b>FILING FEE RECEIVED</b> 1097	FEES: Authority has been given in Paper No _____ to charge/credit DEPOSIT ACCOUNT No _____ for following		<input checked="" type="checkbox"/> All Fees <input type="checkbox"/> 1.18 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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